

SERFF Tracking Number:	CNAB-125978016	State:	Arkansas
First Filing Company:	Continental Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	08-F3272		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Calculation of Final Premium End		
Project Name/Number:	Calculation of Final Premium End/G-300706-A		

Filing at a Glance

Companies: Continental Insurance Company, American Casualty Company of Reading PA, National Fire Insurance Company of Hartford, Transportation Insurance Company, Valley Forge Insurance Company, Continental Casualty Company

Product Name: Calculation of Final Premium End SERFF Tr Num: CNAB-125978016 State: Arkansas

TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: EFT \$50

Sub-TOI: 16.0004 Standard WC Co Tr Num: 08-F3272 State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Carol Stiffler

Author: Mercy Marasigan Disposition Date: 01/08/2009

Date Submitted: 01/08/2009 Disposition Status: Approved

Effective Date Requested (New): 03/01/2009 Effective Date (New): 03/01/2009

Effective Date Requested (Renewal): 03/01/2009 Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Calculation of Final Premium End

Project Number: G-300706-A

Reference Organization:

Reference Title:

Filing Status Changed: 01/08/2009

State Status Changed: 01/08/2009

Corresponding Filing Tracking Number:

Filing Description:

We submit a new form G-300706-A CALCULATION OF FINAL PREMIUM ENDORSEMENT for use with the Workers Compensation and Employers Liability Program.

Status of Filing in Domicile: Authorized

Domicile Status Comments: Approved 1/7/09

Reference Number:

Advisory Org. Circular:

Deemer Date:

This optional endorsement will be used when an Insured who requires a pro rata cancellation basis when a policy is requested to be cancelled due to the AM Best and Financial Strength rating downgrade of the carrier.

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We respectfully request approval of this filing with a written date March 1, 2009 or the earliest permitted by State regulations.

Company and Contact

Filing Contact Information

Mercy A. Marasigan, State Filing Analyst	mercedes.marasigan@cna.com
333 S. Wabash	(312) 822-6609 [Phone]
Chicago, IL 60685	(312) 755-2394[FAX]

Filing Company Information

Continental Insurance Company	CoCode: 35289	State of Domicile: Pennsylvania
333 South Wabash	Group Code: 218	Company Type: Property and Casualty

37th Floor	Group Name: CNA Insurance Companies	State ID Number:
Chicago, IL 60604	FEIN Number: 13-5010440	
(312) 822-4292 ext. [Phone]	-----	

American Casualty Company of Reading PA	CoCode: 20427	State of Domicile: Pennsylvania
333 South Wabash	Group Code: 218	Company Type: Property and Casualty

37th Floor	Group Name: CNA Insurance Companies	State ID Number:
Chicago, IL 60604	FEIN Number: 23-0342560	
(312) 822-4292 ext. [Phone]	-----	

National Fire Insurance Company of Hartford	CoCode: 20478	State of Domicile: Illinois
333 South Wabash	Group Code: 218	Company Type: Property and Casualty

37th Floor	Group Name: CNA Insurance Companies	State ID Number:
Chicago, IL 60604		

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(312) 822-4292 ext. [Phone]	FEIN Number: 06-0464510	

Transportation Insurance Company	CoCode: 20494	State of Domicile: Illinois
333 South Wabash	Group Code: 218	Company Type: Property and Casualty
37th Floor		
Chicago, IL 60604	Group Name: CNA Insurance Companies	State ID Number:
(312) 822-4292 ext. [Phone]	FEIN Number: 36-1877247	

Valley Forge Insurance Company	CoCode: 20508	State of Domicile: Pennsylvania
333 South Wabash	Group Code: 218	Company Type: Property and Casualty
37th Floor		
Chicago, IL 60604	Group Name: CNA Insurance Companies	State ID Number:
(312) 822-4292 ext. [Phone]	FEIN Number: 23-1620527	

Continental Casualty Company	CoCode: 20443	State of Domicile: Illinois
333 South Wabash	Group Code: 218	Company Type: Property and Casualty
Chicago , IL 60604	Group Name: CNA Insurance Companies	State ID Number:
(312) 822-4292 ext. [Phone]	FEIN Number: 36-2114545	

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Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50 per group
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Continental Insurance Company	\$0.00	01/08/2009	
American Casualty Company of Reading PA	\$0.00	01/08/2009	
National Fire Insurance Company of Hartford	\$0.00	01/08/2009	
Transportation Insurance Company	\$0.00	01/08/2009	
Valley Forge Insurance Company	\$0.00	01/08/2009	
Continental Casualty Company	\$50.00	01/08/2009	24895331

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	01/08/2009	01/08/2009

<i>SERFF Tracking Number:</i>	<i>CNAB-125978016</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 01/08/2009
Effective Date (New): 03/01/2009
Effective Date (Renewal):
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

<i>SERFF Tracking Number:</i>	<i>CNAB-125978016</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>08-F3272</i>		
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Exp. Memo	Approved	Yes
Form	Calculation of Final Premium End	Approved	Yes

SERFF Tracking Number:	CNAB-125978016	State:	Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Calculation of Final Premium End	G-300706-10-2008 A		Endorsement/Amendment/Conditions		0.00	G-300706-A Calculation of Final Premium End..pdf

CALCULATION OF FINAL PREMIUM ENDORSEMENT

This endorsement is added to your policy. It determines the premium you will pay in the event you cancel this policy due to a specific financial strength rating downgrade of us.

Notwithstanding any provision to the contrary in this paragraph, in the event A.M. Best Company assigns a financial strength rating to us below A X and within 30 days of announcement of the rating downgrade, you elect to cancel this policy, the final premium will be calculated pro rata based on the time this policy was in force. Final premium will not be less than the pro rata share of the minimum premium.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective	Policy No.	Endorsement No.
Insured		Premium \$
Insurance Company	Countersigned	
by _____		

<i>SERFF Tracking Number:</i>	<i>CNAB-125978016</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Calculation of Final Premium End</i>		
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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	01/08/2009
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Comments:

Transmittal Doc & Form Filing Schedule attached

Attachment:

AR08-F3272 Trans. Doc-Sched.pdf

Satisfied -Name:	Exp. Memo	Review Status:	Approved	01/08/2009
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Comments:

Exp. Memo attached

Attachment:

08-F3272 Exp. Memo.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	<input type="checkbox"/> New Business	
	<input type="checkbox"/> Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #
CNA	218

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Continental Casualty Company	IL	20443	36-2114545	
National Fire Insurance Company of Hartford	IL	20478	06-0464510	
American Casualty Company of Reading, Pa	PA	20427	23-0342560	
Transportation Insurance Company	IL	20494	36-1877247	
Valley Forge Insurance Company	PA	20508	23-1620527	
The Continental Insurance Company	PA	35289	13-5010440	

5. Company Tracking Number	08-F3272
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Mercy A. Marasigan	State Filing Analyst	(312) 822-6609	(312) 755-2394	mercedes.marasigan@cna.com
333 S. Wabash Ave. Chicago, IL 60604				
7. Signature of authorized filer		<i>Mercy A. Marasigan</i>		
8. Please print name of authorized filer		Mercy A. Marasigan		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	16.0000
10. Sub-Type of Insurance (Sub-TOI)	16.0004
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Workers Compensation & Employers Liability
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: Written 3/1/09 Renewal: Written 3/1/09
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	1/7/09
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

We submit a new form G-300706-A CALCULATION OF FINAL PREMIUM ENDORSEMENT for use with the Workers Compensation and Employers Liability Program.

This endorsement will be used when an Insured who requires a pro rata cancellation basis when a policy is Requested to be cancelled due to the AM Best and Financial Strength rating downgrade of the carrier.

We respectfully request approval of this filing with a written date March 1, 2009 or the earliest date permitted b the State regulations.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
Check #: EFT Amount: \$50.00	
Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.	

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FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	08-F3272			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A			
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	CALCULATION OF FINAL PREMIUM END	G-300706-A (Ed. 10/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

EXPLANATORY MEMORANDUM

CALCULATION OF FINAL PREMIUM ENDORSEMENT

FORM G-300706-A

Continental Casualty Company
Transportation Insurance Company
National Fire Insurance Company of Hartford
Continental Insurance Company
American Casualty Company of Reading, PA
Valley Forge Insurance Company

This endorsement is an optional endorsement for use with an insured who requires a pro-rata cancellation basis when a policy is requested to be cancelled due to a AM Bests and Financial Strength rating downgrade of the carrier.